2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # N11885 1. Entity Name 03-21-2006 90050 022 ****61.25 LOST OAKS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address DUUUUGG 8916 CHEMSTRAND RD 8916 CHEMSTRAND RD PENSACOLA FL 32514 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address 40 Terr Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE <u>cns</u>aco Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOZEMAN, VIOELT Street Address (P.O. Box Number is Not Acceptable) 8916 CHEMSTRAND RD LOT 11 PENSACOLA FL 32514 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOZEMAN, VIOLET NAME NAME 8916 CHEMSTRAND RD #11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP VP L Change Delete ☐ Addition 8916 Chemstrand Rd #2 COFFEY, TRACEY NAME NAME 8916 CHEMSTRAND RD #13 STREET ADDRESS STREET ADDRESS Pensacola, FL 32514 PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-ZIP Thiele ☐ Change ☐ Addition TITLE Cramer, Saudra WILL, SHIRLEY NAME NAME STREET ADDRESS STREET ADDRESS 8916 CHEMSTRAND RD #16 PENSACOLA FL 32514 CITY-ST-ZIP ろふらのろ CITY-ST-7IP Pensacola, Delete ST ☐ Change Addition TITLE TITLE FAIRCLOTH, DEBRA NAME NAME STREET ADDRESS 8916 CHEMSTRAND RD #9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PENSACOLA FL 32514 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11